

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 05558	2. Fiscal Year Covered From
	1/1/2005 Through: (2/31/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JOHO Jalex linder	Name Water. Postal Mail Handles -317
	Labor Organization File Number 5/526
P.O. Box, 3ldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street WIG W. Parto in with a Block	Street 216 10 COV to Madrid Blud.
City Birming ham	City Birni pain AL
State Masama ZIP Code + 4 35706	State ALOGO ZIP Code +4 352CC
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street]
City	
State ZIP Code +4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge/and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Signed	On 5-5-0 05/836 - 8135 Telephone Number
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N are of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name First Hearth Trade Name, if any: P.O. Box, Bidg., Room No., if any Street BROWNES GOOD City DWAS GOOD State FINANS ZIP Code + 4 (00515)	9. Business deals with. a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such cealing. Administrator of Health Plan 11.b. Approximate dollar value of such dealing. 12.a. Nature of inverest held or income received. Meals, amount, cutings
	12.b. Amount.
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of more	ey or other thing of value.
13.a. Name and address of Employer or Lettor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	_
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.